

Attachment 15

**Summary of Due Dates, Division Contact Persons, Mailing Addresses, Phone Numbers, and E-mail Addresses for Items Monitored Under
Section III-C**

(Note: If the Due Date cell is blank, then there is no additional report(s) to be sent)

Abbreviated Performance Requirement	Due Date	Section/Branch Contact Person
Developmental Disabilities 1: Maintain full lead agency status for CAP-MR/DD	Pursuant to CAP-MR/DD audit report	Judy Bright, Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 919-733-3295 Fax: 919-733-4958 Judy.M.Bright@ncmail.net <u>Note: If sending overnight or same day, use street address: Division MH/DD/SA, Developmental Disabilities, Albemarle Building, Suite 656, 325 N. Salisbury Street, Raleigh, NC 27699</u>
Developmental Disabilities 2: MR/MI Competency Requirement	Pursuant to Program Accountability Audit Report	Judy Bright, Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 919-733-3295 Fax: 919-733-4958 Judy.M.Bright@ncmail.net <u>Note: If sending overnight or same day, use street address: Division MH/DD/SA, Developmental Disabilities, Albemarle Building, Suite 656, 325 N. Salisbury Street, Raleigh, NC 27699</u>
Developmental Disabilities 4: Reduce the DD Waiting List	Annually: July 15, 2003	Judy Bright, Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 919-733-3295 Fax: 919-733-4958 Judy.M.Bright@ncmail.net <u>Note: If sending overnight or same day use street address: Division MH/DD/SA, Developmental Disabilities, Albemarle Building, Suite 656, 325 N. Salisbury Street, Raleigh, NC 27699</u>

Abbreviated Performance Requirement	Due Date	Section/Branch Contact Person
Adult Mental Health 1: Area programs shall: (1) verify income and other eligibility criteria prior to requesting authorization that a client's antipsychotic medication be paid from the State antipsychotic medication fund (2) shall reverify that the client remains eligible at least every 3 months; and (3) The area program shall notify the Division about any change in clients' eligibility status as soon as a change is documented.		Bonnie Morell Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014 (919)715-1294 Bonnie.Morell@ncmail.net
Adult Mental Health 2: Area Program and State hospital staff work together		Bonnie Morell Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014 (919)715-1294 Bonnie.Morell@ncmail.net
Abbreviated Performance Requirement	Due Date	Section/Branch Contact Person
Child and Family Services 2: Area Programs will have signed local Memoranda of Agreement with the local Department of Social Services and local stakeholders of the Department of Juvenile Justice and Delinquency Prevention as outlined by the At Risk Children's legislation (H.B. 1840).	Pursuant to Program Accountability Audit Report	Julie Hayes Seibert Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015 (919)571-4900 Julie.Seibert@ncmail.net
Child and Family Services 5: Establish Area Program Local Community Collaboratives.	Member/Agency List: January 1, 2003;	Julie Hayes Seibert Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015 (919)571-4900 Julie.Seibert@ncmail.net

Abbreviated Performance Requirement	Due Date	Section/Branch Contact Person
Advocacy, Client Rights, and Quality Improvement 1: Maintain fully functioning Client Rights/Intervention Advisory Committee	Report Due by October 1, 2003	Stuart Berde Advocacy, Client Rights, and Quality Improvement Section Mail Service Center 3009 Raleigh, NC 27699-3009 (919)420-7927 Stuart.Berde@ncmail.net